

DEC 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8123

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township Richmond Heights Primary Registration District No. _____ Registered No. 365
(c) City St. Louis (d) Street No. St. Marys Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emil Muller 460
(a) Residence, No. 2000 Hickory St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 7/3 1938, to 2/25 1938.

I last saw him alive on 2/25 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 17

Other contributory causes of importance: 5A

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Land lord
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 27

Carbonic (Acid) (poison) Date of onset 1/15-20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

Diabetes years

FATHER 13. NAME John Muller 6

Cholelithiasis 7/12-28

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

Cerebral Name of operation Exsiccation Date of 2/4-8

MOTHER 15. MAIDEN NAME Anna Rennwuz

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) R. L. Babbs

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Feb 28 1938

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

19. FUNERAL DIRECTOR (ADDRESS) C. W. McLaughlin

(Signed) R. Wallace, M. D.

20. FILED 227 1938 T. R. Meyer M.D. Dep't. Local Registrar.

(Address) 607 N. 7th

STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Wm. W. McDonald
Licensed Embalmer No. 3806

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)